

Report Type:	New Entrant
Year (Annual Report only):	
Date of Appointment/Termination:	05/14/2018

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information				
Last Name	First Name	MI	Position	Agency
Marucci, Jr.	Anthony	C	Senior Advisor	OPM
Other Federal Government Positions Held During the Preceding 12 Months:				
Name of Congressional Committee Considering Nomination (Nominees only):				
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:				
Signature: 			Date: 6/10/18	

Agency Ethics Official's Opinion -- On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below)	
Signature: 	Date: 6/13/18
Other Review Conducted By:	
Signature:	Date:
U.S. Office of Government Ethics Certification (if required):	
Signature:	Date:

Comments of Reviewing Officials:

--

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Anthony C. Marucci, Jr	

Part 1: Filer's Positions Held Outside United States Government

#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	Artcraft Health	Flemington, NJ	Marketing	Vice President	3/15	11/17
2.	Meduallan	Cambridge, MA	Healthcare Consultancy	Partner	11/17	5/18
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						

Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name					Page Number
Anthony C. Marucci, Jr					2
Part 2: Filer's Employment Assets and Income					
#	Description	EIF	Value	Income Type	Income Amount
1.	Artcraft Health			Compensation	165,000
2.	Medulian			Compensation	175,000
3.	Artcraft Health 401K Plan: Mass Mutual:				
4.	American Funds Target Date RET 2035	Y	\$1,001 - \$15,000	Dividends	\$201 - \$1,000
5.	Interpublic Group 401K Plan: Empower My Retirement:				
6.	JPMCB Smart Retirement DRE:2035 Fund CF-A	Y	\$15,001 - \$50,000	Dividends	None (or less than \$201)
8.	Wellington SMUD Cap Research Equity	Y	\$1,001 - \$15,000	Dividends	None (or less than \$201)
9.	Dodge & Cox Stock Fund	Y	\$1,001 - \$15,000	Dividends	None (or less than \$201)
10.	Vanguard Institutional Index Instl Pl	Y	\$1,001 - \$15,000	Dividends	None (or less than \$201)
11.	PIMCO High Yeld Instl	Y	\$1,001 - \$15,000	Dividends	None (or less than \$201)
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number
Part 3: Filer's Employment Agreements and Arrangements				
#	Employer or Party	City/State	Status and Terms	Date
1.	Artcraft Health	Flemington NJ	I have a 401K Plan, see part 2. Neither former employer, nor I contribute to the plan any longer	03/2015
2.	Interpublic Group	New York, NY	I have a 401K Plan, see part 2. Neither former employer, nor I contribute to the plan any longer	08/2011
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number
Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year			
#	Source Name	City/State	Brief Description of Duties
1.	Artcraft Heath	Flemington, NJ	Managed Client assignments with full team to completion.
2.	Medullan	Cambridge, MA	Managed Client assignments with full team to completion.
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Marucci	

Part 5: Spouse's Employment Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	Bishop George Ahr HS, a diocese of Metuchen high school. Edison, NJ (wife's employer)				
2.	Diocese of Metuchen 403B Plan:				
3.	MFS Total Return Fund-A	y	\$1,001 - \$15,000	dividends	\$201 - \$1,000
4.	Diocese of Metuchen Lay EE Retirement Plan:				
5.	MFS Total Return Fund-A	y	\$15,001 - \$50,000	dividends	\$1,001 - \$2,500
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
--------------	-------------

Part 6: Other Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	Residential Rental - Franklin Twp, NJ	N	\$250,001 - \$500,000	rents	\$5,001 - \$15,000
2.	MassMutual Whole Life Insurance Policy #1	N	\$50,001 - \$100,000		
3.	MassMutual Whole Life Insurance Policy #2	N	\$50,001 - \$100,000		
4.	MassMutual IRA:				
5.	MML Blend Fund	y	\$1,001 - \$15,000	dividends	\$201 - \$1,000
6.	MML Income & Growth Fund	y	\$1,001 - \$15,000	dividends	\$201 - \$1,000
7.	MML Equity Fund	y	\$1,001 - \$15,000	dividends	\$201 - \$1,000
8.	MML Growth & Income Fund	y	\$1,001 - \$15,000	dividends	\$201 - \$1,000
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number
Part 7: Transactions			
#	Description	Type	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name						Page Number
Part 8: Liabilities						
#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	Home Depot	Credit Card	\$10,001 - \$15,000	Ongoing	25.99%	Reoccurring
2.	Mortgage on Rental:					
3.	Etrade	Mortgage	\$50,001 - \$100,000	2004	8%	30 years
4.	CitBank	Mortgage	\$15,001 - \$50,000	1998	5%	20 years
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 9: Gifts and Travel Reimbursements				
#	Source Name	City/State	Brief Description	Value
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				